

Prescription Benefit

Outpatient Prescription drug benefits are available through the Plan's prescription drug network, Medco. For locations of the network pharmacies or information on which types of drugs are covered, contact Medco at 1(800)711-0917 or visit their website at www.medco.com. (You must have a valid e-mail address to register as a member.)

If a generic drug is available and the member or physician refuses substitution to generic, the member will pay the appropriate percentage or copay PLUS the difference in cost between the generic and brand name drug.

For certain Maintenance Medications, after the third refill at retail, Medco may send the member a letter recommending that maintenance medications be filled through the Mail Order Pharmacy. If members do not want to use the Mail Order Pharmacy for these medications, the Retail copay will be doubled and the coinsurance will increase by another 5%. Minimum and Maximum copays will also be increased.

For the Choice, Basic, and Choice Plus Plans, Brand Name drugs for which there is no generic equivalent will be subject to the appropriate Brand Name Coinsurance. They will not be payable at the Generic rate.

Note: Most, if not all prescription drugs are covered under this plan, including injectables and specialty medications. If you are told by your pharmacy that Medco is not covering your prescription, please contact the Benefits Office to confirm this to be true. It's possible your prescription may simply require prior authorization, which is usually quick and easy to do. We highly recommend you purchase all medications through Medco whenever possible, especially expensive, specialty medications.

A Word About Walmart...and Target...and Fry's...and now Basha's: Many of the retail pharmacies are offering generic medications for \$4 per month for a 30 day supply, and \$10 per month for 90 days. We highly recommend you take advantage of these low-cost prescriptions whenever possible. Please note: the \$4 (or \$10) you pay **IS NOT** reimbursable through the Employee Benefit Trust Fund.

Please review the charts below for each of the plans:

Choice and Choice Plus Plans	Annual Deductible per Person	Generic	Formulary Brand**	Non-Formulary Brand**
RETAIL – Up to 30-day Supply				
Member Pays	\$50.00	20%	25%	40%
Minimum Copay per Rx		\$5.00	\$25.00	\$35.00
Maximum Copays per Rx		\$50.00	\$100.00	\$100.00
Maintenance Meds* not filled by Mail: Mbr Pays	\$50.00	25%	30%	45%
Increased Min Copay		\$10.00	\$50.00	\$80.00
Increased Max Copay		\$100.00	\$200.00	\$200.00
*Not all Maintenance Medications are subject to these increases. Check with Medco for additional information.				
MAIL ORDER – Up to 90-Day Supply				
Member Pays	\$ 0.00	20%	25%	40%
Minimum Copay per Rx		\$10.00	\$50.00	\$80.00
Maximum Copays per Rx		\$100.00	\$200.00	\$200.00
**Single Source Meds (no generic alternative) covered as Formulary Brand or Non-Formulary Brand				

Copay Choice Plan	Generic	Formulary Brand**	Non-Formulary Brand**
RETAIL – Up to 30-Day Supply			
Member Pays	\$15.00	\$35.00	\$65.00
Maintenance Meds* not filled by Mail: Mbr Pays	\$30.00	\$70.00	\$130.00
*Not all Maintenance Medications are subject to these increases. Check with Medco for additional information.			
MAIL ORDER – Up to 90-Day Supply			
Member Pays	\$30.00	\$70.00	\$130.00
**Single Source Meds (no generic alternative) covered as Formulary Brand or Non-Formulary Brand			

Basic Choice Plan	Annual Deductible per Person	Generic	Formulary Brand**	Non-Formulary Brand**
RETAIL – Up to 30-day Supply				
Member Pays	\$250.00	20%	25%	40%
Minimum Copay per Rx		\$5.00	\$25.00	\$35.00
Maximum Copays per Rx		\$50.00	\$100.00	\$200.00
Maintenance Meds* not filled by Mail: Mbr Pays	\$250.00	25%	30%	45%
Increased Min Copay		\$10.00	\$50.00	\$80.00
Increased Max Copay		\$100.00	\$200.00	\$400.00
*Not all Maintenance Medications are subject to these increases. Check with Medco for additional information.				
MAIL ORDER – Up to 90-Day Supply				
Member Pays	\$250.00	20%	25%	40%
Minimum Copay per Rx		\$10.00	\$50.00	\$80.00
Maximum Copays per Rx		\$100.00	\$200.00	\$300.00
**Single Source Meds (no generic alternative) covered as Formulary Brand or Non-Formulary Brand				

Non-Network Retail Pharmacy – No Discount

If you fill a prescription at an out-of-network, non-participating pharmacy location, you must pay for the drug at the time of purchase, then mail your drug receipt and claim form to the Medco Prescription Drug Program.

Reimbursement is based upon the amount that would have been charged by a participating pharmacy, less the appropriate retail coinsurance or copay listed above. Claim forms are available at www.medco.com.

For detailed information on prescription drug coverage, please refer to the City of Mesa Plan Document at www.mesachip.org.

Note: All City of Mesa Prescription Drug Plans are considered Creditable with Medicare Part D. The Notice of Creditable Coverage is included in this workbook starting on page 37